DATALINK

Your link to the Centralized Credentials Database

To keep you knowledgeable about current and emerging developments within your areas of expertise for the purpose of enhancing your professional development

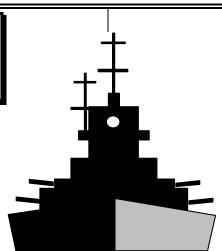
Volume 2 Issue 1

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1998 DEFENSE
AUTHORIZATION
ACT CDR G. Irvine

Portability of State Licenses for DoD Health Care

Professionals:



"This solves the licensing problems raised by affiliation agreements such as those with civilian hospitals in Rhode Island and South Carolina and is consistent with our previous "Federal Supremacy" position."

Section 737 of the 1998
Defense Authorization
Act addresses the portability of state licenses for DoD health care professionals. It states

"Amends 10 USC 1094 to provide that licensed military health care providers can practice in DC or any U.S. state, territory or possession regardless of whether or not the provider is licensed in that particular jurisdiction, so long as they are performing official duties."

FOR OFFICIAL USE ONLY Copies authorized for internal distribution Editor: CDR G. Irvine, Code OOA Published by HSO, Jacksonville, FL. 32212-0140 How does this change in the 1998 Defense Authorization Act affect Navy PACS? This gives Navy PACs additional information to give to the Medical Staff when this issue is discussed. Often, if a Navy hospital is considering entering into an External Partnership/External Resource Sharing Agreement with a hospital in the civilian community, the PAC will be asked for information regarding licensure issues for our Navy providers. The PAC can share the above information with the Medical Staff assisting them with their decision making process on this issue. Does this mean individual states will follow this statutory requirement?

That remains to be seen.

NAVAL HOSPITAL OAKLAND'S TRAINING FILES FOUND! Mr. J. Behnke

As a result of the Base Realignment and Closure Commission (BRAC) of 1993, the Naval Hospital Oakland, California has transferred all training records to the Registrar at the Naval School of Health Sciences Bethesda, Maryland.

Did one of your doctors complete training at the Naval Hospital Oakland? If they did and need verification of that training they can write to the following address:

> Commanding Officer Attn: Registrar Naval School of Health Sciences 8901 Wisconsin Ave Bethesda, MD 20889-5611

If any additional assistance is needed, please contact CDR G. Irvine.

DON'S CCQAS CORNER

Mr. Don Riggs

NPDB Query For New Providers:

Do you have a new Provider on board, and need an NPDB Query? Here is the process to get your query.

The Navy's NPDB Queries are done here at NHSO, in Jacksonville. We also keep the master Navy CCQAS database. From that database, queries are run. If a Providers' CCQAS record is not in our master database, then no query can be run on that Provider.

So, you need to send us a CCQAS record on all new Providers that require a NPDB. Here is a way to get those CCQAS records to us.

Start CCQAS. In Browse mode, highlight the subject Providers' record, then click the PCS EXTR button on the toolbar. Enter: A as the drive letter (put a diskette in first!), and then click: OK. The CCQAS record will be copied to A:. Then, you will be asked if you want to delete this Providers' record. Type in: N, and then click: OK. Next, a box will appear, telling you to forward the record to the next command. If you have more than one new Provider, leave the diskette in, and follow the same steps as above. You will be asked an additional question this time. You must enter: U at the Use or Clear prompt. means append the current Provider to the same file as the last Provider. (C, means erase first, then copy the current provider). Next, you should open your Email program, and send the A:\CCQASPCS.DBF file as an attachment.

Be sure these fields have good data in them!!! LNAME, FNAME, MI, DOB (birthdate), PR_SC_AT (primary school), CLPT_DTE1 (school grad date), L1 (license state), F_LIC1 (field of license), ST_LIC1 (status of license), L1_NUM (license number). Also, status of license must be 'C', and field of license must be 030 or less (e.g. 020, 010).

CCQAS Housekeeping:

Here are some things to check before you mail in your Quarterly Report.

- 1. If you have a provider that is leaving your command, then be sure to move the CCQAS record to the CCQAS Archive file before you send in your Quarterly Report. To do this: in Browse mode, highlight the subject Providers' record, then click the ARC EXTR button on the toolbar. Answer: Y, to delete the record. Then pack your CCQAS database, before you mail us your Quarterly Report.
- 2. If you put records in CCQAS that are not active providers, or that you are not the privileging activity for, then be sure to enter: Y in the Member Received On ICTB field, on the Medical Readiness Training screen. That way, when we (HSO) upload your Quarterly Report, the record will be skipped (all ICTB records are skipped, and not uploaded).
- 3. If you are the privileging activity for other sites in addition to your own, then fill in the Assigned UIC field

- with the UIC the Provider is actually working at. Your UIC should always be in the Privileging UIC field.
- 4. Don't forget! The medical readiness fields need to be updated regularly. Statistics, by command, are generated on this information, and forwarded onto Health Affairs (HA), to assist them in their decision making processes.
- 5. Keep all expired licenses on the Providers CCQAS record. Don't delete any!! Just move the current ones to the top. The old license numbers are needed for history, plus NPDB querying.
- 6. Be nice to your fellow PACs! When you are losing a Provider, send the gaining command a diskette with the Providers CCQAS record on it! You may also Email it. It's easy to do, and it makes it very nice for the gaining Command. Use the same procedure that's described in NPDB Queries For New Providers, above. The only difference, would be that you should answer Y to delete record.

CCQAS Quarterly Reports:

Quarterly reports should be created on the first day of each new quarter (Jan 1, Apr 1, Jul 1, Oct 1). Here are the steps for submitting your Quarterly Reports to us (HSO).

 Put a formatted, empty diskette in A:. Start up CCQAS and enter Browse mode. Click on the ZIP button.
Enter: A as the drive, and
then click: OK. Click: Create
A New Empty Zip File, and
enter your UIC number for the
Zip file name, and then click:
OK. Click: Add A File To The
Zip File. Highlight:
CCQAS.DBF, then click: Add
Highlighted File. Wait until
a box appears saying the Zip
is done, then click: OK. Then
click: Exit, and then: Exit.
Now you should be back at the
browse screen.

A:\xxxxx file to us as an attachment (xxxxx is your UIC number). The Email address is:

jax0dwr@jax10.med.navy.mil.

The Mailing address is:
OIC;Naval Healthcare Support
Office;Box 140;Attn: Don

Riggs; Jacksonville, FL; 32212-

2. Now you may either mail the diskette to us, or Email the

REPORT ON THE ABMS

0140

CDR G. Irvine

Physicians, Dentists, Osteopathic, and Podiatry providers can be board certified.

Medical: 24 Specialty Boards

Below are the 24 specialty boards recognized by the American Board of Medical Specialties (ABMS) and the Navy. Most boards also award certifications in subspecialties. To determine

whether a subspecialty is officially recognized or whether a physician is board certified, call the ABMS at 1-800-776-2378.

American Board of...... Allergy & Immunology Anesthesiology Colon & Rectal Surgery Dermatology Emergency Medicine Family Medicine Internal Medicine Medical Genetics Neurological Surgery Nuclear Medicine OB/GYN Ophthalmology Orthopaedic Surgery Otolaryngology Pathology Pediatrics Physical Medicine & Rehab Plastic Surgery Preventive Medicine Psychiatry & Neurology Radiology Surgery Thoracic Surgery

There is a listing of 126 unofficial boards compiled by the ABMS. These self-designated boards certify physicians and sometimes non-physicians as well. If you have any questions regarding boards not falling

Urology

under the ABMS recognition, contact CDR G. Irvine.

American Osteopathic Association (AOA) Boards:

You can contact the AOA at 1-800-621-1773 Ext 7445 if you have any questions regarding AOA board certification. Contact CDR G. Irvine if you have any additional questions regarding AOA board certification.

American Dental Association (ADA) Boards:

American Board of......

Dental Public Health
Endodontics
Oral Maxillofacial Surgery
Oral Pathology
Orthodontics
Pediatric Dentistry
Periodontology
Prosthodontics

For general information the ADA may be reached at the following number, (312) 440-2500.

American Podiatric Medical Association (APMA) Board:

The following are the only podiatric specialty boards approved by the APMA. For general information the APMA may be reached at the following number: (301) 571-9200

American Board of......

Podiatric Orthopedics & Primary Podiatric Medicine

Podiatric Surgery

Physician Assistant (PA):

The PA is not considered board certified. The National Commission on Certification of Physician Assistants (NCCPA) is the only organization that certifies the PA. For further information contact the NCCPA at (770) 493-9100.

With all the boards mentioned above, you must contact the appropriate board to verify current board information.

INTERNET: NAVY X.500 DIRECTORY

Electronic Navy Directory

There is a new site on the internet to be used as a lookup table for individuals in the Navy outside the Claimancy 18 confines:

www.navydirectory.newnet.

navy.mil. this new site is still "under construction."

Take the time to go and look up a name of someone in the Navy and see what information is included. It seems that in the future, pictures are to be included - search on RADM Phillips name to see the future.

The project manager is downloading the names from BUPERS and the civilian data base.



A picture of each and every one of us on the Internet...Oh jump for joy!!!!!!!!!!

LICENSURE GUIDELINES FOR SPEECH LANGUAGE PATHOLOGISTS

CDR G. Irvine

Licensure/certification guidelines regarding speech language pathologists/clinicians follows. Speech Pathologists must possess:

- 1. Baccalaureate degree in Speech Pathology;
- 2. State licensure; and,
- 3. The Certificate of Clinical Competence in Speech Language

Pathology (CCC-SP) from the ASHA.

You may have a civilian practitioner who was hired under the old standard which did not require the CCC-SP certification. How do you manage this practitioner?

According to the Audiology Specialty Leader: Individuals who were currently under standards at the time of the change who have been successfully providing care, and who maintain a state license, will be able to continue practicing independently (grandfathered) regardless of clinical location. Individuals who were not under standards at the time of the change will be required to meet the new standards in order to comply with the new requirement.

If your command has Speech Pathologists, not meeting Navy standards and you have not previously discussed this issue with me, please contact me ASAP.

INITIAL PRIVILEGING FOR THE NAVAL RESERVE

LCDR S. O'Connor

As a follow up to the Credentials and Privileging Conference (4-6 November 1997), the Centralized Credentials Review and Privileging Department's (CCPD) transition period to implement initial privileging for the Naval Reserve community per BUMEDINST

6320.66B will be ninety days. Those Naval Reservists who have scheduled annual training periods between November 1997 to February 1998 will continue with initial privileging at their gaining Medical or Dental Treatment Facilities (MTF/DTF). Requested Individual Credentials Files (ICFs) will be transferred to those gaining sites. As of 1 February 1998, the Privileging Authority, Naval Healthcare Support Office (NHSO), Jacksonville, will do initial privileging for Naval Reservists. The Appendix O and the Credentials Transfer Brief (CTB) will be utilized for review by the gaining sites to allow Naval Reservists to exercise the core privileges granted by the Officer in Charge, NHSO Jacksonville, FL.

It is recommended that the gaining sites per BUMEDINST 6320.66B assign proctors for the provisional (initial) period. Supplemental privileges will continue to be the MTF/DTF responsibility.

There may be some practitioners, that after a thorough review by the ECOMS/ECODS, are recommended to be first brought under a Plan of Supervision (POS) prior to initial privileging. In these cases, the ICF may be transferred to the MTF/DTF. MTF/DTF will place the Naval Reservist under a POS and will generate a PAR upon completion. The ICF will then be returned to the CCPD, NHSO Jacksonville, FL, for initial privileging action. The Appendix Q and CTB will be used after initial privileging to allow the Naval Reservists to exercise granted core privileges.

Contact LCDR S. O'Connor for any additional questions and/or problems.

A NAVY PAC'S PLEA TO FELLOW PROFESSIONAL PACS A NAVY PAC

I come to you, my fellow PACS, with a dilemma - the receipt of incomplete ICFs. Although I cannot site the source or directive I was informed several years ago that the current command is responsible for the entire ICF, including prior command actions in Section V. have reviewed ICFs with documents missing from 4-5 commands prior. I have even received an ICF on one our former providers who went to two other commands before returning back to us. When I received the ICF, there were documents missing while he was attached to our command. Luckily I went to our archives and made copies of the missing documents and put them back in his ICF.

The most common discrepancies include:

- A missing Appendix Q and PAR from a CTB that was issued at the prior command.
- No exit PAR from the current command.

No explanation is given in the transmittal letter as to the status of the missing documents,

or whether they will be forthcoming. We NEED those exit PARs documenting current competency to grant privileges at the gaining command.

Problem: I understand that some CTBs go right up to the time of transfer, so the PAR may not be ready when you forward the ICF.

Suggestion: Request the PAR from the other activity in a timely manner. If you don't get it back in time, please provide status in the transmittal letter, so the next PAC is aware.

Problem: I have noticed some PACs get hung up on the from-to dates on their command's exit PAR. Since ICFs are supposed to be at the gaining command 15 days prior to arrival, PARs must be closed out in advance.

Suggestion:

(Example) If you need to get an ICF forwarded in April for a May "report" date, the exit PAR should report data through March. Don't worry....if the provider does anything HORRIBLE during the last month, you can always do a "special" PAR to document the matter.

We can all do our part to make the process more efficient!

If you have any recommendations for overall ICF/IPF management, contact CDR Irvine. These recommendations/suggestions will be forwarded to all Navy PACS.

REITERATION OF NAVY LICENSURE POLICY

CDR G. Irvine

ISSUE 1: Status of Military
Exempt licenses. No further
information regarding this
issue. Upon receipt of BUMED
policy letter, I will forward
this letter, with any additional

instructions, to every PAC.

ISSUE 2: Licensure status of
non-clinical Navy providers,
e.g., admin/researchers/students
/instructors/etc.

HISTORICAL BACKGROUND:

If you all will remember, in the outdated
SECNAVINST 6401.2A
(revision is almost
complete...signature date TBA)
"Licensure and Certification of
Health Care Providers" of 31 Jan
89, there was a section stating
providers not assigned to
clinical billets, not involved
in clinical practice, are not
required to maintain licensure.
This was one of the first
statements to be deleted in the
revised instruction.

CURRENT POLICY:

Licensure, certification or registration is a qualification for employment/commission as an uniformed health care provider in the military health care system, and is **required for the** entire period of employment/commission irrespective of assignment, billet type or duties and responsibilities (clinical, research, executive medicine, instructor, or business administration). I will be attending a meeting at the end of this month to discuss the above issue. There are two issues needing resolution: a) Identification of these nonclinical providers at my level, and b) management of their licensure status.

What does this mean for you as the PAC at your command? As you know, the CCDB and now CCQAS only contain data for the licensed "clinical" provider. Additionally, most of you only maintain ICF/IPFs on your clinically active providers. There may be several health care providers at your facility that are strictly administrative, that you may not even know about.

The management of these different non-clinical provider types will be discussed at the BUMED meeting.

More information to follow.

THE OPERATIONAL WAIVER OR WHAT'S UP DOC? CDR G. Irvine

1. The DoD licensure exemption is an exemption, not a temporary waiver from licensure.

- 2. The exemption is for those physicians, who are assigned to an operational billet, NAMI or NUMI following completion of internship (PGY-1).
- 3. Dentists are not allowed operational exemptions.
- 4. The exemption does not include physicians in either CONUS or OCONUS facilities...only operational billets.
- There is no extension for the exemption. If the physician is not licensed after one year from the date of PG-1 graduation, the physician is immediately placed under a Plan of Supervision (POS) until licensure is obtained. will represent a lapse of privileges. When the physician obtains current licensure status, and the PAC has completed the primary source verification, the physician submits an application package for a medical staff appointment with clinical privileges. Privileges are not "placed on hold" during the time of the POS.

Contact me for any specific exemption questions.

The agenda is shaping up for the 1998 PAC Conference this year in Jacksonville, FL. Reserve the following dates on your calendar: 30 Nov through 3 Dec 98. 3 Dec will be a full day...we have left Friday as a travel day.

Agenda will be published as soon as firm. Since this is a holiday weekend, travel arrangements should be made as soon as possible. Hesitation could result in a loooooong walk!

A block of rooms has been reserved at the BOQ, which is the same location for the conference. You can call the BOQ at (904) 542-3427 for reservations. Identify the conference when making your reservations.

The first day is strictly for the new PACs and will discuss and instruct in the basics of the Navy's' credentials process. The afternoon will offer "hand's on" CCQAS training for this group. Seasoned PACS are welcomed to attend, however, the new/novice PACS will be at the computers. If you do not know who you are, call CDR Irvine or Ms. Sandy Banning as we will gladly assist you in your decision making process.

As more information is available, per message, we will notify you.